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STORE (1.16(a)	PATE	NT APPLI	CATIC	ON FEE DE titute for Form	IEKMINAII	ON RECORE	information (Applic	alion or Docket I	B control number
FOR NUMBER FILED NUMBER EXTRA RATE FEE FEE F	CLAIMS AS FILED - PART I						MALL ENTITY			
BASIC FEE	FOR NUMBER FILE		ER FILE	D NU	MRER EXTRA	5,,75	T	7		
TOTAL CLAIMS GREAT GREAT	BASIC FEE			- 1 1101	HOCK EXTRA	- RAIE	FEE		RATE	FEE
NOEPENDENT CLAIMS	TOTAL CLAIMS					┨ ├───	\$	OR		15
MULTIPLE DEPENDENT CLAIM PRESENT G7 CFR 1.16(d)			minus	20 = •		X \$=		OR	× \$=	
## ## ## ## ## ## ## ## ## ## ## ## ##	M7 000 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			3 = •		x \$=		OR	X \$=	
Total	MULTIPLE DEPENDENT	+ \$=		OR	+s =					
CLAIMS AS AMENDED - PART II	* If the difference in col	TOTAL		OR		 				
CLAIMS REMAINING APTER APPROVICE RATE ADDITIONAL FEE	CLA	NMS AS AMI	ENDE	D – PART II					TOTAL	<u> </u>
CLAIMS REMAINING AFTER REMOUSLY PRESENT RATE ADDITIONAL FEE	1	(Column 1)		· (Column 2)	(Column 3)	CMALL	ENTITY	OR		
AFTER AMENIMENT PREVIOUSLY EXTRA FREE TIONAL FREE ADDITIONAL FREE	All I			HIGHEST	7	SWALL	ENTITY	٦	SMALL	ENTITY
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) +\$ =	# 9244	AFTER		PREVIOUSLY		RATE	TIONAL		RATE	ADDI- IONAL
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) +\$ =	(37 CFR 1.16(c))	6	Minus	20	-	x \$ =	1 7		γ	FEE
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) +\$ =	Z Independent (37 CFR 1.16(b))		Minus	3	= /	Y . =	1-1-	7		
Column 1)	FIRST PRESENTATI	ION OF MULTIPLE	DEPEND	ENT CLAIM (37.0	ER 1 (6(d))		 	OR	X \$=	
Column 1)				201 02 4111 (01 0	7 K 1. Jo(d))		 - 	OR		
CLAIMS							Ц	OR		
REMAINING AFTER ADDITIONAL FEE					(Column 3)					
Second Column 1 Column 2 Column 3 Column 3		REMAINING AFTER		NUMBER PREVIOUSLY		RATE	TIONAL		RATE	TIONAL
Second S	Total (37 CFR 1.16(e))		Minus	••	=	Y & -	166	1 1		FEE
Second S	Independent * (37 CFR 1.16(b))		Minus	***	= -			OR	X \$=	
Column 1)	FIRST PRESENTATION			OR	X \$=					
Column 1)				37 OLAIM (37 O	-K 1.10(d))			OR .		
CLAIMS REMAINING AFTER AMENDMENT Total (37 CFR 1.16(6)) Tildependent (37 CFR 1.16(6))								OR		
REMAINING					(Column 3)				_	
THIS TRESCRIPTION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(di))	-i '	EMAINING AFTER		, NUMBER PREVIOUSLY		RATE	TIONAL		RATE	TIONAL
THIS TRESCRIPTION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(di))	Total (37 CFR 1.16(c))		Minus	**	=	V	<u> </u>	}		FEE
FINGS PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(di))	Independent (37 CFR 1.18(b))	.	Minus	***	=					
	FIRST PRESENTATIO									
TOTAL TOTAL	-	·			· · · · ·	TOTAL		_		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADD'L FEE OR ADD'L FEE OR ADD'L FEE	* If the entry in column	n 1 is less than ti	he entry	In column 2, write	"0" in column 3.	L .				
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box is setume 4.	ii trie nignest Numb	er Previousiv Pa	iid For" II	N THIS SPACE IS	loce than 2 onto	#O#			•	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.